

Continuation Sheet for Form 6559
(Transmitter Report and Summary of Magnetic Media)

See Form 6559 for instructions on how to complete this continuation sheet.

OMB No. 1545-0441

Tax Year

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of _____

Name and address of transmitter

Employer identification number
(EIN) of transmitter (must be
entered)

11. Employer Summary of Form W-2 Magnetic Media Wage and Tip Information	
Name of employer	Check if MQGE <input type="checkbox"/>
Employer identification number	Other EIN
Total Amount of Form W-2 Fields	
Number of Forms W-2	
Social security wages	\$
Social security tips	\$
Wages, tips, other compensation	\$
Federal income tax withheld	\$
Social security tax withheld	\$
Medicare wages and tips	\$
Medicare tax withheld	\$

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Name of employer	Check if MQGE <input type="checkbox"/>
Employer identification number	Other EIN
Total Amount of Form W-2 Fields	
Number of Forms W-2	
Social security wages	\$
Social security tips	\$
Wages, tips, other compensation	\$
Federal income tax withheld	\$
Social security tax withheld	\$
Medicare wages and tips	\$
Medicare tax withheld	\$

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Employer identification number	Other EIN
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Number of Forms W-2	
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Social security tips	\$
Wages, tips, other compensation	\$
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Social security tax withheld	\$
Medicare wages and tips	\$
Medicare tax withheld	\$

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Number of Forms W-2	
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Wages, tips, other compensation	\$
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Medicare tax withheld	\$

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